REV-1048 AS (10-09)

pennsylvania
DEPARTMENT OF REVENUE

BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280909
HARRISBURG, PA 17128-0909
TELEPHONE: 717-783-9374

CIGARETTES RECEIVED FROM MANUFACTURER DURING MONTH SCHEDULE A-1

ATTACH TO REV-1030 MONTHLY REPORT

MONTH OF _____

YEAR _____

PAGE NO. _____

NAME CSA:

ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)

UNSTAMPED CIGARETTES RECEIVED FROM:

(1) INVOICE DATE	(2) INVOICE NUMBER	(3) DATE RECEIVED	(4) NUMBER OF UNSTAMPED CIGARETTES	(5) CREDITS	FOR DEPARTMENT USE		
TOTAL (SCHEDULE "A-1")							

NOTE: MAINTAIN DUPLICATE COPY FOR YOUR RECORDS.